## BEFORE THE PHYSICIAN ASSISTANT BOARD DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

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Case No. 950-2013-000075

AGREEMENT FOR SURRENDER OF LICENSE

Respondent.

## TO ALL PARTIES:

In the Matter of the Accusation Against:

Sarah Joi Newman, P.A.

Physician Assistant

License No. 18737

**Cave Junction, OR 97523-0458** 

P.O. Box 458

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings, that the following matters are true:

- 1. Complainant, Rozana Khan, is the Executive Officer of the Physician Assistant Board of California, Department of Consumer Affairs ("Board").
- 2. Sarah Joi Newman, P.A., ("Respondent") has carefully read and fully understands the effect of this Agreement.
- 3. Respondent understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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- 4. Respondent acknowledges there is current disciplinary action against her license, that on December 12, 2016, an Accusation was filed against her and on August 11, 2017, a Decision was rendered wherein her license was revoked, with the revocation stayed, and placed on three (3) years' probation with various standard terms and conditions.
- 5. The current disciplinary action provides in pertinent part, "Following the effective date of this probation, if Respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may request, in writing, the voluntarily surrender of respondent's license to the Board." (Condition #21).
- 6. Upon acceptance of the Agreement by the Board, Respondent understands she will no longer be permitted to practice as a physician assistant in California or be allowed to be referred to as a P.A. or licensed physician assistant. Respondent also agrees to surrender her physician assistant pocket license and, if one was issued, her wall certificate.
- 7. Respondent understands that she may not petition for reinstatement as a Physician Assistant for at least three (3) years from the effective date of her surrender. Respondent fully understands and agrees, however, that if respondent ever files an application for relicensure or reinstatement in the State of California, the Board shall treat it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is filed. Information gathered in connection with Case No. 950-2013-000075 may be considered by the Physician Assistant Board in determining whether or not to grant the Petition for Reinstatement. For the purposes of the reinstatement hearing and/or consideration by the Physician Assistant Board, the allegations in Case No. 950-2013-000075 shall be deemed to be admitted by respondent, and respondent waives any and all defenses based on a claim of laches or the statute of limitations.

## **ACCEPTANCE**

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I, Sarah Joi Newman, P.A., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician Assistant License No. 18737, to the Physician Assistant Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician Assistant in the State of California and that I have delivered to the Board my pocket license.

9	that I have delivered to the Board my pocket license.	
10 11 12 13 14	Sarah Joi Newman, P.A.  Kuna Craft  Attorney or Witness	4/21/22 Date 4-21-22 Date
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